

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

318

1003

37507

STATE FILE NUMBER

9572

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2908 Park Ave				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2908 Park Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DAVID S HAISLIP First Ave Middle Last				4. DATE OF DEATH Oct 12 1957 Month Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 1 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Forman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Montgomery City Mo				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Sheldon Haislip				14. MOTHER'S MAIDEN NAME Sarah Jane Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Span Amer				16. SOCIAL SECURITY NO.		17. INFORMANT Address Madge Ira 2908 Park Ave	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lungs Carcinoma of Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163x						INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 14-57 to Oct 12-57 and last saw her alive on Oct 12, 57 Death occurred at 10:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Willard I. Nash (Degree or title) D.O.				22b. ADDRESS 1829 S. 48th		22c. DATE SIGNED 10/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct 15 57		23c. NAME OF CEMETERY OR CREMATORY Unity		23d. LOCATION (City, town, or county) (State) Benton City Mo.	
24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette St. L. Mo.				25. DATE RECD. BY LOCAL REG. OCT 14 57		26. REGISTRAR'S SIGNATURE Earl Smith MD	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Thomas R. Fenwick

Licensed Embalmer No. 379

P. O. Address 3125 Lef

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To
comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..